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IMPORTANT NOTICE

TELECOPY/FACSIMILE COVER LETTER

*Affiliated Office

TO: U.S. Patent and Trademark Office

Examiner: LaToya I. Cross

Art Unit: 1743

DATE: April 8, 2005

FROM: Barry M. Shuman/Wei-Ning Yang

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 15

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MESSAGE:

RE: U.S. Patent Application Serial No.: 09/811,028; Attorney Ref: 81841.0154


I hereby certify that the following documents:

- Amendment/Amendment Transmittal Letter

are being facsimile transmitted to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above application.

April 8, 2005

Date of Deposit


Diane Zynn

TELECOPY/FAX NUMBER: 703-872-9306 – Art Unit 1743

CLIENT NUMBER: 81841.0154

ATTORNEY BILLING NUMBER: 6085

CONFIRMATION NUMBER: 571-272-1256 (please return fax to Diane Zynn)

FORM PTO-1083

1991-174 (81841.0154)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Donald J. GJERDINGEN, et al.

Serial No: 09/811,028

Filed: March 16, 2001

For: ROTARY INCUBATION STATION FOR
IMMUNOASSAY SYSTEMS

Art Unit: 1743

Examiner: Latoya I. Cross

I hereby certify that this correspondence
is being transmitted via facsimile to
(703) 872-9308:
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P.O. Box 1450
Alexandria, VA 22313-1450 on

April 8, 2005

Date of Deposit

Diane Zynn

Name

Signature

04/08/05

Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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Dear Sir:

Transmitted herewith is an Amendment Under 37 C.F.R. § 1.116
for the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	24	**	LG=\$18 SM=\$9	\$(FEE) \$ 0
INDEPENDENT CLAIMS FEE	3	-	3	---	LG=\$86 SM=\$43	\$ \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$200 SMALL ENTITY FEE = \$146	\$ 0
Independent Claims: 1, 11 and 19					TOTAL	\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$____ to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.
- ☐ A check in the amount of \$____ to cover the extension fee is enclosed. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By: Barry M. Shuman

Wei-Ning Yang (Contact Person)

Registration No. 38,690

Attorney for Applicant(s)

Barry M. Shuman

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Dated: April 8, 2005

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Appl. No. 09/811,028
Amdt. Dated April 8, 2005
Reply to Office Action of January 25, 2005

Attorney Docket No. 1991-174 (81841.0154)
Customer No.: 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:
Donald GJERDINGEN, et al.

Serial No: 09/811,028

Confirmation No.: 5691

Filed: March 16, 2001

For: ROTARY INCUBATION STATION
FOR IMMUNOASSAY SYSTEMS

Art Unit: 1743

Examiner: Latoya I. Cross

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April 8, 2005

Date of Deposit

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Name

Signature

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Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated January 25, 2005, please consider the following remarks:

Listing of the Claims begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.